

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 990253
In Re Application of: Hughes, et al.
Serial Number: 09/540,128
Filed: March 31, 2000
Examiner: K. Tran
Group Art Unit: 2631

Fee Only

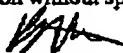
Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	21	21	0	x \$18 =	\$0
Independent**	10	7	3	x \$86 =	\$258
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$
EXTENSION FEES			<input checked="" type="checkbox"/> One Month	\$110	\$110
			<input type="checkbox"/> Two Months	\$420	\$
			<input type="checkbox"/> Three Months	\$950	\$
TERMINAL DISCLAIMER				\$110	\$
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$368

4. Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
 5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$368.
 The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.28(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

-10/27/2004 RGRADEN to 01 FC:1201 - 02 FC:1251 Date: 10/20/04A

Signature: 

Kevin T. Cheatham, Reg. No. 48,766
858-845-8450

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(Type or print name)

Date: 9/2/04

FACSIMILE

- transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Daria Kasmedo
(Type or print name)

Signature: 

(TRANSAMD.VER1.13-04/30/04)

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 09/540128
Effective October 1, 2003					
CLAIMS AS FILED - PART I					
(Column 1)			(Column 2)		
TOTAL CLAIMS					
FOR		NUMBER FILED		NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS		minus 20 =			
INDEPENDENT CLAIMS		minus 3 =			
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>					
* If the difference in column 1 is less than zero, enter '0' in column 2					
CLAIMS AS AMENDED - PART II					
(Column 1)			(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	21	Minus	.. 21	=
	Independent	10	Minus	.. 7	- 3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	..	=
	Independent	*	Minus	**	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	..	=
	Independent	*	Minus	**	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3					
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter '20.'					
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter '3'					
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1					
SMALL ENTITY TYPE <input type="checkbox"/>					OTHER THAN SMALL ENTITY
RATE <input type="checkbox"/> FEE					RATE <input type="checkbox"/> FEE
BASIC FEE 385.00					BASIC FEE 770.00
XS 9 =					XS 18 =
X 43 =					X 86 =
+ 145 =					+ 290 =
TOTAL <input type="checkbox"/>					TOTAL <input type="checkbox"/>
SMALL ENTITY OR					OTHER THAN SMALL ENTITY OR
ADDITIONAL FEE					ADDITIONAL FEE
RATE <input type="checkbox"/> FEE					RATE <input type="checkbox"/> FEE
XS 9 =					XS 18 =
X 43 =					X 86 = 258
+ 145 =					+ 290 =
TOTAL ADDITIONAL FEE					TOTAL ADDITIONAL FEE 258
ADDITIONAL FEE					ADDITIONAL FEE
RATE <input type="checkbox"/> FEE					RATE <input type="checkbox"/> FEE
XS 9 =					XS 18 =
X 43 =					X 86 =
+ 145 =					+ 290 =
TOTAL ADDITIONAL FEE					TOTAL ADDITIONAL FEE
ADDITIONAL FEE					ADDITIONAL FEE
RATE <input type="checkbox"/> FEE					RATE <input type="checkbox"/> FEE
XS 9 =					XS 18 =
X 43 =					X 86 =
+ 145 =					+ 290 =
TOTAL ADDITIONAL FEE					TOTAL ADDITIONAL FEE
ADDITIONAL FEE					ADDITIONAL FEE
RATE <input type="checkbox"/> FEE					RATE <input type="checkbox"/> FEE
XS 9 =					XS 18 =
X 43 =					X 86 =
+ 145 =					+ 290 =
TOTAL ADDITIONAL FEE					TOTAL ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.